

Alcimedea

Forensic physicians (FPs) commonly see detainees bitten by police dogs so an excellent review of the management of dog bites that has recently been published (*BMJ* 2007; 334: 413–417) will be of interest to FPs. Increasingly dog bites are the subject of litigation because bite wounds are still being sutured when they should be left open and because of incorrect antimicrobial prophylaxis. Wound management is as important as the use of antimicrobials in preventing infection. Indications for antimicrobial prophylaxis include: all bite wounds after primary closure; puncture wounds; bites to hands and wrist; crush wounds with devitalised tissue; dog bite injuries to the genitals. Patient factors that increase the risk of infection include: alcoholism, cirrhosis, asplenia, and steroid therapy, medical conditions such as rheumatoid arthritis, diabetes mellitus, and lymphoedema after radiotherapy. Although tetanus after animal bites is rare all guidelines in common use advise tetanus prophylaxis with immunoglobulin and toxoid to be administered to patients with a history of two or fewer immunisations.

The National Programme on Substance Abuse Deaths (np-SAD) based at the International Centre for Drug Policy (ICDP), at St George's, University of London, has recently published their latest surveillance report looking at inquests into drug-related deaths in the UK (*np-SAD Surveillance Report No. 18 January–June 2006, ICDP, 2007* e-mail: npsad@sgul.ac.uk). A total of 687 inquests were reported for the period January to June 2006. Information was submitted by 105 out of 118 coroners in England and Wales, as well as Guernsey, Jersey and the Isle of Man, and one Procurator Fiscal in Scotland. The majority of cases was males (76%); were under the age of 45 years (74%); and were white (96%). Accidental poisoning was the most common underlying cause of death (59.4%) followed by intentional self poisoning (15.2%) and poisoning of undetermined origin (13.3%). One aim of the programme is to provide early warning through surveillance of high-risk populations. During the first six months of 2006 fatalities due to polydrug use increased, combinations with heroin/morphine proving particularly prevalent. Furthermore the unrelenting increase in the involvement of alcohol in substance abuse deaths is very important. Consumers of alcohol and other substances need to be reminded urgently of the dangers of the co-administration of CNS depressants. Interestingly the increase in involvement of alcohol in substance-related deaths predates the changes to licensing laws introduced in England and Wales in November 2005.

On the subject of alcohol a study has been carried out to identify drunkenness in the night-time economy in Cardiff city centre (*Addiction* 2007; 102: 377–380). Licensees are obliged to refuse to serve those excessively intoxicated with alcohol although there is

no clear definition of what constitutes drunkenness. This research looked at the relationship between subjective measures of drunkenness and blood alcohol concentration (BAC) using an alcometer in a social environment. Combinations of slurred speech, staggering gait, and glazed eyes (as opposed to clear – Alcimedea has never been sure of the significance of 'glazed eyes' and suggest this term is medically meaningless) predicted levels of BAC, with staggering gait indicating the highest levels of intoxication.

Alcimedea endorses a call for medical students to be taught about rape (*Lancet* 2007; 369: 1234) but is less enthusiastic about the report of the UK Advisory Council on the Misuse of Drugs regarding drug-facilitated sexual assault (DFSA) (http://www.drugs.gov.uk/ACMD_DFSA_Report_FINAL_14.pdf) that is cited in the *Lancet* editorial. The report highlights concerns that two legal drugs found in industrial cleaners, gamma-butyrolactone and 1,4-butanediol, may have a significant role in drug facilitated sexual assault (DFSA), but provides no evidence to support this view. The report concludes by stating that DFSA is a significant problem in Britain and recognises two forms; "Proactive DFSA" involving the covert or forcible administration of an incapacitating or dysinhibiting substance, by an assailant, for the purpose of sexual assault; and "Opportunistic DFSA" involving sexual activity by an assailant with a victim who is profoundly intoxicated by his or her own actions to the point of near or actual unconsciousness and thus lacks the capacity to consent. However, it fails to emphasise that experience to date suggests that the covert administration of drugs to facilitate sexual assault is relatively uncommon in the UK, whereas opportunistic sexual activity with victims who are intoxicated with alcohol to the extent that they lack capacity to consent appears all too common. In so doing, the report misses the opportunity of delivering an important public health message. The Council as well as encouraging the police to ensure that appropriate samples of blood and urine are obtained from potential complainants as early as possible, has suggested that "early evidence kits" should be available in all accident and emergency departments.

Attention deficit hyperactivity disorder (ADHD) continues to be under-recognised and under-diagnosed in Europe (*Medicine* 2007; 35: 3: 181–185), which is important because individuals with ADHD may be 'mentally vulnerable' in police custodial situations. Forensic physicians should remember that there is a high degree of co-morbidity associated with ADHD and the diagnosis of ADHD is seldom made on its own. Furthermore, up to two-thirds of children with ADHD continue to suffer from ADHD-related impairments as adults. Such impairments include employment and relationship failures, drug abuse, and increased risk of motor vehicle accidents.